



MINI GRANT FUNDING

APRIL
2004

FIRST 5 CALAVERAS
MINI-GRANT FUNDING

In November of 1998, California voters passed Proposition 10, the “California Children and Families First Act of 1998.” This Act provided for a 50 cent per pack tax on cigarettes. The monies collected are to be used to fund anti-smoking and early childhood education programs, including parent education, health, and childcare programs that promote early childhood development from prenatal through age five. First 5 Calaveras (formerly known as the Calaveras County Children and Families Commission) is responsible for the planning, utilization, distribution and oversight of Proposition 10 monies in our county. At this time, we are announcing the availability of Mini-Grant Funds. All awarded funds must be targeted toward Calaveras County children ages 0-5 years old and their families.

Purpose

Prop. 10 monies are to be utilized to promote and support early childhood development. Mini-grants will be awarded to projects or activities that focus on:

- *Parent education and support*
- *Child care and early development*
- *Child health*
- *School readiness (preparing children to be ready for school entry)*

Funds may not be used to supplant or replace any existing programs or services. Requests should be for new activities/resources or expansion of existing activities/resources.

Amount

Mini-grants will be funded in amounts up to \$5,000, depending upon the scope of the proposed project. A total of \$50,000 of First 5 Calaveras monies is available for mini-grant funding for fiscal year 2004-2005.

Eligibility

The Commission will fund programs and services proposed by non-profit, governmental, and for-profit entities and agencies, including school districts, local service agencies, neighborhood and community-based agencies, and faith-based and civic organizations.

Application Process

1. Complete the attached:
 - Application Cover Sheet (one page)
 - Project Description (two pages)
 - Budget Request Form (one page)

2. Submit the original application **plus 2 copies** to:
First 5 Calaveras
16 B Main Street
P.O. Box 209
San Andreas, CA 95249

Whether mailed or hand delivered, **proposals must be received by First 5 Calaveras no later than 5:00 p.m., Friday May 14, 2004** (regardless of postmark date) in order to be considered. Emailed or faxed proposals will not be accepted.

Timeline

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|----------|--|
| 04/01/04 | Mini Grant Applications Available |
| 05/03/04 | Applications Assistance Meeting |
| 05/14/04 | Application Submission Deadline |
| 06/04/04 | Commission Announces Awards |

The Commission strongly suggests that anyone interested in applying for a mini-grant attend the Applications Assistance Meeting on Monday, May 3 from 9:00-10:30 a.m. at the San Andreas branch of the County Library. Information will be provided at this meeting to assist in the completion of a successful application.

Evaluation Criteria

The Commission will use the following evaluation criteria when it makes funding decisions for Mini-Grants:

1. Does the project have a clear link to the objectives in the Strategic Plan and the Our Children, Our Communities Initiative?
2. Does there appear to be a need for these activities in Calaveras County?
3. How many young children age 0-5 will be positively impacted by this project?
4. Are the planned activities achievable within the timeline and budget?

Proposals that best meet the above criteria will be considered for funding. Funded applicants may receive full or partial funding. All applicants will be required to sign a contract with the Commission and participate in the Commission's evaluation process.

For questions concerning Mini-Grant funding please contact:

Mary Pynn, Executive Director

Phone: (209) 754-1470

Fax: (209) 754-1425

Email: MaryPynn@sbcglobal.net

Calaveras County Children and Families Commission Mini-Grant Application Cover Sheet

Funding Amount Requested: \$

Applicant Name & Organization:

Descriptive Title of Project:

Contact Person & Title:

Mailing Address:

Physical Address:

Phone:

Fax:

Email:

Web site:

Project Start Date:

Project End Date:

Please check below the objective that is the closest match to what you hope to achieve with your proposed project. Each project must address the target population of children from 0 (including the prenatal period) to 5 years of age. If there is not a good match with any of the listed objectives, your idea may not be a good fit for First 5 Calaveras funding.

- ☐ 1. Increase parent access, learning and successful utilization of the skills and knowledge necessary to raise healthy children from 0-5 years of age.
- ☐ 2. Improve child development through support of high quality childcare and early education services
- ☐ 3. Increase access to and utilization of services that are essential to ensuring healthy children age 0-5.
- ☐ 4. Improve the development and school readiness of young children from birth to age 5.
- ☐ 5. Improve service integration and collaboration between providers of services for young children and their families in Calaveras County.

Signature of Applicant

Date

PROJECT DESCRIPTION

Applicants are encouraged to be brief, but to answer each of the following questions fully and completely.

PROJECT PURPOSE: What will you use the requested funds for? What are your planned activities? What is your projected timeline?

NEED FOR PROJECT: Why is this project needed in Calaveras County?

ORGANIZATION: Describe your organization. What services do you provide? From whom do you receive funding?

PROJECT FUNDING: How many young children ages 0-5 (and their families) will your project benefit and how exactly will they benefit?

OTHER RESOURCES: What other resources will you use to support the project? (If your project will benefit children above the age of 5, you must provide additional resources to fund the project.)

Mini Grant Budget Request Form

Budget Period: 07/01/04 - 06/30/05

	Amount Requested	Match*	Total Budget
I. Personnel:			
Position Title: Salary: FTE:			
A.			
B.			
C.			
Subtotal Personnel:	_____	_____	_____
II. Operating Expenses:			
A.			
B.			
C.			
D.			
E.			
Subtotal Operating Expenses:	_____	_____	_____
III. Capital Purchases and Equipment:			
A.			
B.			
C.			
Subtotal Capital Purchases and Equipment:	_____	_____	_____
IV. Administrative Fee / Indirect Costs (if applicable) / _____%:	_____	_____	_____

TOTAL BUDGET:

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* List in this column all agency or other funds available to support the project as match.